

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Academy of Family Physicians Political Action Committee

ADDRESS (number and street)

1133 Connecticut Avenue, NW

Suite 1100

☐ Check if different than previously reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00411553

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☒ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
10 01 2013

through

M M M / D D D / Y Y Y Y Y Y
10 31 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Hugh M Taylor MD

Signature of Treasurer

Hugh M Taylor MD

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
12 16 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
10 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y
10 / 31 / 2013

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|---|---|
| 6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2013 | | 402087.22 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 346042.91 | |
| (c) Total Receipts (from Line 19) | 60140.55 | 347413.82 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 406183.46 | 749501.04 |
| 7. Total Disbursements (from Line 31) | 10236.97 | 353554.55 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 395946.49 | 395946.49 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 10 / 01 / 2013

To:

 M M / D D / Y Y Y Y Y
 10 / 31 / 2013
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

40066.34

232448.80

(ii) Unitemized

19196.50

103724.06

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

59262.84

336172.86

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

59262.84

336172.86

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

877.71

3740.96

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

7500.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

60140.55

347413.82

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)..... ▶

60140.55

347413.82

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 736.97 | 4836.22 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 736.97 | 4836.22 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 9000.00 | 347500.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 500.00 | 1218.33 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 500.00 | 1218.33 |
| 29. Other Disbursements | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 10236.97 | 353554.55 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 10236.97 | 353554.55 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 59262.84 | 336172.86 |
| 34. Total Contribution Refunds (from Line 28(d)) | 500.00 | 1218.33 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 58762.84 | 334954.53 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ► | 736.97 | 4836.22 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 877.71 | 3740.96 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) ► | -140.74 | 1095.26 |

: 97 `A=~~G~~79 @~~C~~~~C~~ B9CI G`H9LH`F9 @~~C~~ H98 `HC`5 `F9DCFH~~Z~~G7 <98I @~~C~~ `CF`~~H~~9A=~~N~~5HCB
.

Form/Schedule: F3XA
Transaction ID :

Amended to correct minor data entry errors

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 59
(check only one)

| | | | |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | | | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Donald W Allen MD

Mailing Address PO Box 865

830 East 1120 South

City

Coalville

State

UT

Zip Code

84017-0865

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 31 | | 2013 |

Transaction ID : C2456052

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Suzanne M Allen MD

Mailing Address 2889 S Swallowtail Ln

City

Boise

State

ID

Zip Code

83706-6139

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Washington School of Med

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 02 | | 2013 |

Transaction ID : C2439359

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Julie Kay Anderson MD

Mailing Address 2248 Chelmsford Ln

City

Saint Cloud

State

MN

Zip Code

56301-9012

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Cloud Medical Group

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

325.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 02 | | 2013 |

Transaction ID : C2439349

Amount of Each Receipt this Period

325.00

SUBTOTAL of Receipts This Page (optional)..... ►

1525.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Frederic Baker MD

Mailing Address 32 Mark Cir

City

Holden

State

MA

Zip Code

01520-1410

FEC ID number of contributing
federal political committee.

C

Name of Employer

UMMHC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 01 / 2013

Transaction ID : C2437751

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. David Orrin Barbe MD

Mailing Address 120 W 16th St

City

Mountain Grove

State

MO

Zip Code

65711-1039

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 02 / 2013

Transaction ID : C2439618

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Justin V Bartos MD

Mailing Address 4300 Cagle Dr
Ste 200

City

North Richland Hills

State

TX

Zip Code

76180-8380

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Hills Family Medicine

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

10 / 23 / 2013

Transaction ID : C2453013

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1407.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 59
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas E Bat MD

Mailing Address 3400 Old Milton Pkwy
Ste 270

City State Zip Code
Alpharetta GA 30005-3707

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Fulton Fam Medicine PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 03 / 2013

Transaction ID : C2439904

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Joane Goforth Baumer MD

Mailing Address 910 Houston St
Apt 701

City State Zip Code
Fort Worth TX 76102-6224

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2013

Transaction ID : C2450144

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

c. Gordon Hugh Baustian MD

Mailing Address 3864 Lost Valley Rd SE

City State Zip Code
Cedar Rapids IA 52403-2008

FEC ID number of contributing
federal political committee.

C

Name of Employer

MCHSI

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2013

Transaction ID : C2457399

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2680.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Melissa Blair Behringer MD

Mailing Address 301 Governors Dr SW

City

Huntsville

State

AL

Zip Code

35801-5123

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 03 / 2013

Transaction ID : C2439873

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. T James Bell Jr

Mailing Address 701 Medical Park Dr Ste 206

City

Hartsville

State

SC

Zip Code

29550-4778

FEC ID number of contributing
federal political committee.

C

Name of Employer

HMA-The Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 09 / 2013

Transaction ID : C2445446

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Reid B Blackwelder MD

Mailing Address 4407 Leedy Rd

201 Cassel Dr

City

Kingsport

State

TN

Zip Code

37664-2117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Quillen College of Medicine

Occupation

Professor, Family Medicine

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 10 / 2013

Transaction ID : C2445617

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

700.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mott Parks Blair MD

Mailing Address 411 E Westbrook St

City

Wallace

State

NC

Zip Code

28466-1514

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vidant Medicine - Greenville, NC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.00

Date of Receipt

10 / 30 / 2013

Transaction ID : C2456491

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

B. Kathleen A Bliese Walk MD

Mailing Address 210 Lakeside Dr

City

Grand Island

State

NE

Zip Code

68801-8536

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 02 / 2013

Transaction ID : C2439594

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Edward Asher Blumen MD

Mailing Address 1720 Maple Ave
Apt 2010

City

Evanston

State

IL

Zip Code

60201-3143

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 02 / 2013

Transaction ID : C2439648

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

656.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Arlene M Brown MD

Mailing Address 1401 Sudderth Dr

City

Ruidoso

State

NM

Zip Code

88345-6104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ruidoso Family Medicine Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

10 / 02 / 2013

Transaction ID : C2439357

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Melissa Ilene Brown MD

Mailing Address 716 Eastbrooke Ln

City

Rochester

State

NY

Zip Code

14618-5232

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 14 / 2013

Transaction ID : C2447737

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Jennifer L Brull MD

Mailing Address PO Box 147

3000 US HWY 183

City

Plainville

State

KS

Zip Code

67663-0147

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

10 / 02 / 2013

Transaction ID : C2439363

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 13 OF 59
(check only one)

| | | | |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | | | |

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jennifer Jo Buescher MD

Mailing Address 4200 Douglas St

City

Omaha

State

NE

Zip Code

68131-2705

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10 | | 02 | | 2013 |

Transaction ID : C2439582

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Angela Caffaratti MD

Mailing Address 345 Delegate Dr

City

Columbus

State

OH

Zip Code

43235-1470

FEC ID number of contributing
federal political committee.

C

Name of Employer

MT CARMEL MEDICAL GROUP

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10 | | 03 | | 2013 |

Transaction ID : C2439753

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Mary F Campagnolo MD

Mailing Address 1561 Route 38 Ste 6

City

Lumberton

State

NJ

Zip Code

08048-2939

FEC ID number of contributing
federal political committee.

C

Name of Employer

Virtua Medical Group, Marlton NJ

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10 | | 23 | | 2013 |

Transaction ID : C2453012

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

400.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lee Marvin Carter MD

Mailing Address PO BOX 506

City

Huntingdon

State

TN

Zip Code

38344-0506

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

10 / 30 / 2013

Transaction ID : C2456492

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Susan Archer Chiarito MD

Mailing Address 1901 Mission 66

City

Vicksburg

State

MS

Zip Code

39180-3711

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mission Primary Care Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.00

Date of Receipt

10 / 16 / 2013

Transaction ID : C2450143

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

c. Jonathan Mitchell Cook DO

Mailing Address 632 Chesterfield Rd

City

Bogart

State

GA

Zip Code

30622-6817

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 02 / 2013

Transaction ID : C2439664

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

391.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 59

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven A Crawford MD

Mailing Address 900 NE 10th St

OU Physicians Family Medicine Cent

| | | |
|---------------|-------|------------|
| City | State | Zip Code |
| Oklahoma City | OK | 73104-5420 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Oklahoma

Occupation

Physician Faculty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4318.16

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 23 | / | 2013 |

Transaction ID : C2453014

Amount of Each Receipt this Period

340.92

Full Name (Last, First, Middle Initial)

B. John S Cullen MD

Mailing Address PO Box 2504

| | | |
|--------|-------|------------|
| City | State | Zip Code |
| Valdez | AK | 99686-2504 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 03 | / | 2013 |

Transaction ID : C2439874

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dale Culver

Mailing Address 24206 W 68t St

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Shawnee | KS | 66226 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAFP

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 03 | / | 2013 |

Transaction ID : C2439908

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1340.92

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 59
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jose M David MD

Mailing Address 804 Huntington Ct

City Albany State NY Zip Code 12203-6015

FEC ID number of contributing federal political committee.

C

Name of Employer
St Peters Health Partners Medical Asso

Occupation
Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2916.69

Date of Receipt

10 / 25 / 2013

Transaction ID : C2455336

Amount of Each Receipt this Period

416.67

Full Name (Last, First, Middle Initial)

B. Kisha Nicole Davis Davis

Mailing Address 12342 Fellowship Ln

City North Potomac State MD Zip Code 20878-3403

FEC ID number of contributing federal political committee.

C

Name of Employer
Chase Brexton

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

10 / 20 / 2013

Transaction ID : C2451445

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Benjamin Scott Dieter

Mailing Address 602 Oxford Park Blvd

City Oxford State NC Zip Code 27565-9724

FEC ID number of contributing federal political committee.

C

Name of Employer

N/A

Occupation
Resident Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 07 / 2013

Transaction ID : C2442241

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

546.67

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. L Allen Dobson MD

Mailing Address 599 Jackson St

City

Mt Pleasant

State

NC

Zip Code

28124-9738

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cabarrus Family Medicine

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 03 / 2013

Transaction ID : C2439883

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Roxanne Fahrenwald Md Fahrenwald MD

Mailing Address 123 S 27th St

City

Billings

State

MT

Zip Code

59101-4200

FEC ID number of contributing
federal political committee.

C

Name of Employer

RiverStone Health

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 14 / 2013

Transaction ID : C2447740

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Elisabeth K Farnum MD

Mailing Address 33 Hyland Ave

City

East Greenwich

State

RI

Zip Code

02818-2901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kent Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 26 / 2013

Transaction ID : C2455395

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

760.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 59
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Wanda D Filer MD

Mailing Address 510 Aqua Ct

City State Zip Code
 York PA 17403-3623

FEC ID number of contributing
federal political committee.

C

Name of Employer

Strategic Health Institute

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 02 / 2013

Transaction ID : C2439001

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Leonard Martin Finn MD

Mailing Address 42 Grasmere Rd

City State Zip Code
 Needham MA 02494-1806

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 02 / 2013

Transaction ID : C2439629

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Seth Yawki Flagg MD

Mailing Address 9129 Bradford Rd

City State Zip Code
 Silver Spring MD 20901-4917

FEC ID number of contributing
federal political committee.

C

Name of Employer

USN

Occupation

Physicain

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 08 / 2013

Transaction ID : C2443825

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 59
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Walter F Fletcher MD

Mailing Address PO BOX 486

City
Martin

State
TN

Zip Code
38237-0486

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2013

Transaction ID : C2440717

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mark J Flynn MD

Mailing Address 367 Benevente Dr

City

Oceanside

State

CA

Zip Code

92057-8408

FEC ID number of contributing
federal political committee.

C

Name of Employer

U.S. Navy

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 03 / 2013

Transaction ID : C2439910

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Bradley P Fox MD

Mailing Address 5770 Ruhl Rd

City

Fairview

State

PA

Zip Code

16415-2533

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Vincent Health System

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 02 / 2013

Transaction ID : C2439353

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1230.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jennifer Emma Frank MD

Mailing Address 1380 Lusitana St Ste 904

City

Honolulu

State

HI

Zip Code

96813-2448

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 04 / 2013

Transaction ID : C2440730

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Elizabeth Ann Garrett MD

Mailing Address M231 Med Sci Bldg

City

Columbia

State

MO

Zip Code

65212-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of MO - Columbia

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 02 / 2013

Transaction ID : C2439362

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Dennis Lynn Gingrich MD

Mailing Address HMC, FAMILY MEDICINE, H154
500 University Dr

City

Hershey

State

PA

Zip Code

17033-2360

FEC ID number of contributing
federal political committee.

C

Name of Employer

Penn State University

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 03 / 2013

Transaction ID : C2439881

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1095.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Vito Grasso CAE

Mailing Address 260 Osborne Rd

City
Albany

State
NY

Zip Code
12211-1844

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

10 / 02 / 2013

Transaction ID : C2439347

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Melinda Jeannie Gruber MD

Mailing Address 19516 North County Road 6000 East

City
Dale

State
IN

Zip Code
47523

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

10 / 23 / 2013

Transaction ID : C2453904

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Boyde Jerome Harrison MD

Mailing Address 904 26th St

City
Haleyville

State
AL

Zip Code
35565-1719

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

10 / 01 / 2013

Transaction ID : C2437758

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 59
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeffrey Allen Harwood MD

Mailing Address PO BOX 125

187 West Main Street

City

New London

State

OH

Zip Code

44851-0125

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 02 / 2013

Transaction ID : C2439354

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. David Grant Heald MD

Mailing Address 134 Baypath Dr

City

Oak Ridge

State

TN

Zip Code

37830-7851

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 09 / 2013

Transaction ID : C2445438

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Daniel J Heinemann MD

Mailing Address 1305 W 18th St

City

Sioux Falls

State

SD

Zip Code

57105-0401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sioux Valley Health Systems

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2013

Transaction ID : C2440693

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

715.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Benjamin Tate Hinkle

Mailing Address 1002 Hampton Fall Blvd
Apt 1528

City Brownsboro State AL Zip Code 35741-8035

FEC ID number of contributing federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

417.00

Date of Receipt

10 / 03 / 2013

Transaction ID : C2439879

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Grady Claude Hogue Jr

Mailing Address 1017 Skiffs Landing Lane
302 S Hillside Dr

City Suffolk State VA Zip Code 23435

FEC ID number of contributing federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 09 / 2013

Transaction ID : C2445587

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Thu Nguyen Howell Howell

Mailing Address 2222 Neilson Way
Unit 301

City Santa Monica State CA Zip Code 90405-2281

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

10 / 22 / 2013

Transaction ID : C2451914

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)..... ►

725.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Elvin C Irvin MD

Mailing Address 555 E Cheves St

City

Florence

State

SC

Zip Code

29506-2617

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baptist Health Care

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

817.00

Date of Receipt

10 / 08 / 2013

Transaction ID : C2493816

Amount of Each Receipt this Period

91.50

Full Name (Last, First, Middle Initial)

B. James S Irwin MD

Mailing Address 112 5Th Ave W

Family Care Physicians, P.A.

City

Jerome

State

ID

Zip Code

83338-1825

FEC ID number of contributing
federal political committee.

C

Name of Employer

Family Care Physicians

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

10 / 23 / 2013

Transaction ID : C2453459

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Donald Leland Ives MD

Mailing Address PO BOX 440

City

Ester

State

AK

Zip Code

99725-0440

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 16 / 2013

Transaction ID : C2450145

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

241.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 25 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. John R Jacobsen MD

Mailing Address 1323 H St

Filmore County Medical Center

City

Geneva

State

NE

Zip Code

68361-2124

FEC ID number of contributing
federal political committee.

C

Name of Employer

Filmore County Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

10 / 07 / 2013

Transaction ID : C2442244

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Paul Arthur James MD

Mailing Address 475 Butternut Ln

City

Iowa City

State

IA

Zip Code

52246-2782

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Iowa

Occupation

Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 02 / 2013

Transaction ID : C2439583

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

c. Joseph M Jeu MD

Mailing Address 3958 Leap Rd Ste 101

City

Hilliard

State

OH

Zip Code

43026-3107

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hilliard Family Medicine, Inc.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 01 / 2013

Transaction ID : C2437750

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

965.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 26 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard H Jones MD

Mailing Address 106 W Howell Ave

City

Alexandria

State

VA

Zip Code

22301-1508

FEC ID number of contributing
federal political committee.

C

Name of Employer

Durney Medical Services, PLLC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

10 / 04 / 2013

Transaction ID : C2440690

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Warren A Jones MD

Mailing Address 115 Cirencester Dr

City

Ridgeland

State

MS

Zip Code

39157-9789

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Mississippi Medical Cent

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 03 / 2013

Transaction ID : C2439899

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Mark A Josefski MD

Mailing Address 396 Broadway

City

Kingston

State

NY

Zip Code

12401-4626

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 03 / 2013

Transaction ID : C2439893

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1230.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 59

| | | | |
|---|------------------------------|------------------------------|-----------------------------|
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| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | | | |

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Barbara A Keber MD

Mailing Address 1 Cathy Ct

City

Glen Head

State

NY

Zip Code

11545-2203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 02 | | 2013 |

Transaction ID : C2439346

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Christina Marie Kelly MD

Mailing Address 2104 Addax Trl

City

Harker Heights

State

TX

Zip Code

76548-2351

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 03 | | 2013 |

Transaction ID : C2439876

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

c. Gregory King MD

Mailing Address 1120 Vail Rd

City

Bennington

State

VT

Zip Code

05201-9597

FEC ID number of contributing
federal political committee.

C

Name of Employer

Primary Care Health Partners - VT, LLP

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 09 | | 2013 |

Transaction ID : C2444489

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

615.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 28 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas A Kintanar MD

Mailing Address 10020 Dupont Circle Ct
Ste 110

City State Zip Code
Fort Wayne IN 46825-1621

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Family Medical Consultants

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 03 / 2013

Transaction ID : C2439886

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Don R Klitgaard MD

Mailing Address 1305 Onyx Dr

City State Zip Code
Harlan IA 51537-1543

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 03 / 2013

Transaction ID : C2439890

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ajoy Kumar MD

Mailing Address 749 Nina Dr

City State Zip Code
Tierra Verde FL 33715-2038

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.67

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 02 / 2013

Transaction ID : C2439672

Amount of Each Receipt this Period

121.67

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

736.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 29 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Marianne C LaBarbera MD

Mailing Address 1776 Richmond Rd

City

Staten Island

State

NY

Zip Code

10306-2578

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 02 / 2013

Transaction ID : C2439343

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. John Lentini DO

Mailing Address 382 Grove St

City

Braintree

State

MA

Zip Code

02184-7324

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 02 / 2013

Transaction ID : C2439626

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Paula Leonard-Schwartz MD

Mailing Address 121 Madeline Rd

City

Manchester

State

NH

Zip Code

03104-2017

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 02 / 2013

Transaction ID : C2439369

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1730.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Patricia Jean Lindholm MD

Mailing Address 615 S Mill St

City

Fergus Falls

State

MN

Zip Code

56537-2756

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lake Region Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 27 / 2013

Transaction ID : C2455422

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Robyn A Liu MD

Mailing Address 1604 SE Stark St

City

Portland

State

OR

Zip Code

97214-1459

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

10 / 02 / 2013

Transaction ID : C2439320

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Janice E Luth MD

Mailing Address 4830 Rucker Rd

4830 Rucker Rd

City

Moneta

State

VA

Zip Code

24121-5281

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

10 / 31 / 2013

Transaction ID : C2456033

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 31 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeffrey S Luther MD

Mailing Address 450 E Spring St Ste 1

City

Long Beach

State

CA

Zip Code

90806-1625

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memorial Family Medicine Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 03 / 2013

Transaction ID : C2439869

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Kevin B Martin MD

Mailing Address 2903 219th Ave E

City

Lake Tapps

State

WA

Zip Code

98391-5634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Life Care Physician Services

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 14 / 2013

Transaction ID : C2447721

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. R. Shawn Martin

Mailing Address 2722 Ordway St NW
Apt 1

City

Washington

State

DC

Zip Code

20008-5045

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAFP

Occupation

Vice President, Practice Advancement &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 03 / 2013

Transaction ID : C2439917

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

915.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 59
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Amy Kristen McIntyre MD

Mailing Address 1140 W Diamond St

City State Zip Code
Butte MT 59701-1404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Butte Community Health Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

298.62

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 08 / 2013

Transaction ID : C2443824

Amount of Each Receipt this Period

33.18

Full Name (Last, First, Middle Initial)

B. John S Meigs MD

Mailing Address PO Box 289
100 Serendipity Dr

City State Zip Code
Brent AL 35034-0289

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 09 / 2013

Transaction ID : C2445437

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

c. John S Meigs MD

Mailing Address PO Box 289
100 Serendipity Dr

City State Zip Code
Brent AL 35034-0289

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 31 / 2013

Transaction ID : C2456061

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

83.18

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 33 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. John S Meigs MD

Mailing Address PO Box 289

100 Serendipity Dr

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 31 / 2013

Transaction ID : C2456526

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Johanna Meyer-Mitchell MD

Mailing Address 2700 Grant St Ste 200

City

Concord

State

CA

Zip Code

94520-2270

FEC ID number of contributing
federal political committee.

C

Name of Employer

Muir/Diablo Primary Care

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 14 / 2013

Transaction ID : C2447752

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Joseph S Miller MD

Mailing Address Plum Creek Medical Group, P.C.

PO BOX 797

City

Lexington

State

NE

Zip Code

68850-0797

FEC ID number of contributing
federal political committee.

C

Name of Employer

Plum Creek Medical Group, P.C.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 02 / 2013

Transaction ID : C2439595

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

515.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 OF 59

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Elisaebth Fowlie Fowlie Mock MD

Mailing Address 46 Clark Hill Rd

City
HoldenState
MEZip Code
04429-7253FEC ID number of contributing
federal political committee.

C

Name of Employer

Eastern Maine Medical Center

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 07 | / | 2013 |

Transaction ID : C2442265

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Anne M Montgomery MD

Mailing Address 1708 S Martin St

City

Spokane

State

WA

Zip Code

99203-3751

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfOccupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 24 | / | 2013 |

Transaction ID : C2454194

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dale C Moquist MD

Mailing Address 4318 Lake Walk Ct

City

Missouri City

State

TX

Zip Code

77459-3268

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.19

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 08 | / | 2013 |

Transaction ID : C2443826

Amount of Each Receipt this Period

90.91

SUBTOTAL of Receipts This Page (optional)..... ►

705.91

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 35 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. James Mumford MD

Mailing Address 16 E 16th St

City

New York

State

NY

Zip Code

10003-3105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 02 / 2013

Transaction ID : C2439337

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Julio E Navarro MD

Mailing Address 927 Mather Dr

City

Bear

State

DE

Zip Code

19701-4945

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 03 / 2013

Transaction ID : C2439779

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Mary S Nguyen MD

Mailing Address 5727 Welsch Vw

City

San Antonio

State

TX

Zip Code

78249-3149

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medina Valley Family Practice

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

10 / 02 / 2013

Transaction ID : C2439002

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1400.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 59
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joseph Scott Nichols

Mailing Address 313 Scott St

City
Baltimore

State
MD

Zip Code
21230-2109

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medstar Franklin Square Med Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

298.62

Date of Receipt

10 / 20 / 2013

Transaction ID : C2451448

Amount of Each Receipt this Period

33.18

Full Name (Last, First, Middle Initial)

B. Michael Austin Oller MD

Mailing Address 304 N 1st St

City
Stockton

State
KS

Zip Code
67669-1604

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wichita Council on Graduate Medical Ed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 01 / 2013

Transaction ID : C2437748

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. David C Olson MD

Mailing Address S68w17729 Marybeck Ln

City
Muskego

State
WI

Zip Code
53150-8508

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pro Health Care

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

10 / 02 / 2013

Transaction ID : C2439352

Amount of Each Receipt this Period

370.00

SUBTOTAL of Receipts This Page (optional)..... ►

768.18

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 37 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gwendolyn A Oran MD

Mailing Address 295 Lakepoint PI N
Apt 244

City State Zip Code
Keizer OR 97303-8319

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kaiser Permanente

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2013

Transaction ID : C2457413

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Javette C Orgain MD

Mailing Address PO Box 806527

City State Zip Code
Chicago IL 60680-4126

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF ILLINOIS COLLEGE OF
MED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 10 / 2013

Transaction ID : C2493818

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Dinesh V Pai

Mailing Address 26655 SE 18th St

City State Zip Code
Sammamish WA 98075-7949

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2013

Transaction ID : C2457072

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

740.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 59
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Arnold I Pallay MD

Mailing Address Co Off Condo's # C-3

170 CHANGEBRIDGE RD

City

Montville

State

NJ

Zip Code

07045-9115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Changebridge Medical Associate, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 02 / 2013

Transaction ID : C2439350

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Douglas S Parks MD

Mailing Address 821 E 18th St

City

Cheyenne

State

WY

Zip Code

82001-4775

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 02 / 2013

Transaction ID : C2439028

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Tan J Platt MD

Mailing Address 10 Somerton Pl

City

Columbia

State

SC

Zip Code

29209-0823

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 02 / 2013

Transaction ID : C2439318

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

865.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 39 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Christine C Ponzio MD

Mailing Address PO Box 646

1007 Iverson Circle

City

Salinas

State

CA

Zip Code

93902-0646

FEC ID number of contributing
federal political committee.

C

Name of Employer

Gonzales Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 31 / 2013

Transaction ID : C2456030

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Michelle Quiogue MD

Mailing Address 2460 Pine St

City

Bakersfield

State

CA

Zip Code

93301-2742

FEC ID number of contributing
federal political committee.

C

Name of Employer

KP-SCPMG

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

298.62

Date of Receipt

10 / 20 / 2013

Transaction ID : C2451446

Amount of Each Receipt this Period

33.18

Full Name (Last, First, Middle Initial)

C. Keith M Ratcliff MD

Mailing Address 864 Kleekamp Ln

City

Washington

State

MO

Zip Code

63090-5560

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

10 / 02 / 2013

Transaction ID : C2439622

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

648.18

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 40 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sumana Reddy MD

Mailing Address 8036 San Miguel Canyon Rd
#519

City State Zip Code
Salinas CA 93907-1208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Acacia Family Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
10 / 02 / 2013

Transaction ID : C2439325

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ellen S Reinheimer MD

Mailing Address 20 Earlwoode Dr

City State Zip Code
White Plains NY 10606-3902

FEC ID number of contributing
federal political committee.

C

Name of Employer

West Med Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

MM / DD / YYYY
10 / 04 / 2013

Transaction ID : C2440718

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. Robert Chuck Rich MD

Mailing Address PO BOX 10
3744 Old Abbottsburg Rd

City State Zip Code
Bladenboro NC 28320-0010

FEC ID number of contributing
federal political committee.

C

Name of Employer

CCNC/LCF

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

298.62

Date of Receipt

MM / DD / YYYY
10 / 20 / 2013

Transaction ID : C2451447

Amount of Each Receipt this Period

33.18

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1033.18

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 OF 59
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Elisabeth L Righter MD

Mailing Address 267 Park Dr

City State Zip Code
Dayton OH 45410-1315

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wright State University BSM

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 10 / 2013

Transaction ID : C2493817

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Richard Guy Roberts MD

Mailing Address 1100 Delaplaine Ct

City State Zip Code
Madison WI 53715-1840

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Wisconsin

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 02 / 2013

Transaction ID : C2439331

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Richard Guy Roberts MD

Mailing Address 1100 Delaplaine Ct

City State Zip Code
Madison WI 53715-1840

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Wisconsin

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2013

Transaction ID : C2440712

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 42 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard Guy Roberts MD

Mailing Address 1100 Delaplaine Ct

City

Madison

State

WI

Zip Code

53715-1840

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Wisconsin

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 09 / 2013

Transaction ID : C2445592

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Flora F Sadri-Azarbayejani DO

Mailing Address 427 S Mountain Rd

City

Northfield

State

MA

Zip Code

01360-9684

FEC ID number of contributing
federal political committee.

C

Name of Employer

Gardner Family Medicine

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

10 / 24 / 2013

Transaction ID : C2454193

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Sarah L Sams MD

Mailing Address 2994 Frazell Rd

City

Hilliard

State

OH

Zip Code

43026-9785

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio Health

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

954.00

Date of Receipt

10 / 30 / 2013

Transaction ID : C2456493

Amount of Each Receipt this Period

122.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

222.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 59
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Vincent Vincent Savath Savath

Mailing Address 1829 Foxtail Cir

Altus

City

State

Zip Code

Altus

OK

73521-1100

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Information Requested

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 07 / 2013

Transaction ID : C2442270

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Dean A Schultz MD

Mailing Address 1850 Hickory St

City

State

Zip Code

Abilene

TX

79601-2325

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2013

Transaction ID : C2456943

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

c. Larry A Severa MD

Mailing Address 61 Calendula Ct

City

State

Zip Code

Billings

MT

59105-2379

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 02 / 2013

Transaction ID : C2439615

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1030.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 44 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Aaron Burl Shives MD

Mailing Address 350 28th Ave SE

City

Watertown

State

SD

Zip Code

57201-8403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brown Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.00

Date of Receipt

10 / 01 / 2013

Transaction ID : C2437715

Amount of Each Receipt this Period

36.50

Full Name (Last, First, Middle Initial)

B. Yvonne May Smikle MD

Mailing Address 4 Evergreen Ave

City

Auburndale

State

MA

Zip Code

02466-1703

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

10 / 09 / 2013

Transaction ID : C2445447

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

c. Kevin Eugene Steichen MD

Mailing Address 2254 E 37th St

City

Tulsa

State

OK

Zip Code

74105-3432

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 02 / 2013

Transaction ID : C2439324

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

641.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 45 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Elizabeth Steiner MD

Mailing Address 3181 SW Sam Jackson Park Rd

City State Zip Code
 Portland OR 97239-3011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 02 / 2013

Transaction ID : C2439323

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Linda Gonzales Stogner Stogner

Mailing Address PO BOX 807

City State Zip Code
 Estancia NM 87016-0807

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Pres. Medical Services

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 02 / 2013

Transaction ID : C2439356

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Windel A Stracener MD

Mailing Address 1333 Hunters Pointe Dr

City State Zip Code
 Richmond IN 47374-7184

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 02 / 2013

Transaction ID : C2439596

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 46 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Glen R Stream MD

Mailing Address 1708 S Martin St

City

Spokane

State

WA

Zip Code

99203-3751

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rockwood Clinic

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

10 / 19 / 2013

Transaction ID : C2451428

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Harry S Strothers MD

Mailing Address 1513 Cleveland Ave

City

East Point

State

GA

Zip Code

30344-6947

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 02 / 2013

Transaction ID : C2439665

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

c. Jonathan R Sugarman MD

Mailing Address 10700 Meridian Ave N
Ste 100

City

Seattle

State

WA

Zip Code

98133-9008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 02 / 2013

Transaction ID : C2439030

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

980.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 47 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Erica Williams Swegler MD

Mailing Address 300 N Rufe Snow Dr

City
Keller

State
TX

Zip Code
76248-4235

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

795.44

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 20 / 2013

Transaction ID : C2503569

Amount of Each Receipt this Period

102.27

Full Name (Last, First, Middle Initial)

B. Nancy C Swikert MD

Mailing Address 8780 US Highway 42

City

Florence

State

KY

Zip Code

41042-6936

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 02 / 2013

Transaction ID : C2439640

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

c. Stacy J Taylor MD

Mailing Address 173 E Cotton Hill Rd

City

New Hartford

State

CT

Zip Code

06057-3524

FEC ID number of contributing
federal political committee.

C

Name of Employer

Charlotte Hungerford Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

298.62

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 20 / 2013

Transaction ID : C2451444

Amount of Each Receipt this Period

33.18

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 48 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael P Temporal MD

Mailing Address 180 S 3Rd St Ste 400

City
Belleville

State
IL

Zip Code
62220-1952

FEC ID number of contributing
federal political committee.

C

Name of Employer

So. Illinois Healthcare Foundation

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 02 / 2013

Transaction ID : C2439003

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

B. Pamela W Tuck MD

Mailing Address 4135 Atlanta Hwy

City

Montgomery

State

AL

Zip Code

36109-3022

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2013

Transaction ID : C2456490

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Donna Valponi Brookhart

Mailing Address 4516 NE De La Mar Ct

City

Lees Summit

State

MO

Zip Code

64064-1391

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAFP- KS

Occupation

Marketing Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 09 / 2013

Transaction ID : C2445591

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

384.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 49 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. S. David Wakulchik MD

Mailing Address Aultman FMRD
2600 7th St SW

City State Zip Code
Canton OH 44710-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 23 / 2013

Transaction ID : C2453526

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Kevin S Wang MD

Mailing Address 1823 Terry Ave
Apt 1609

City State Zip Code
Seattle WA 98101-2406

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 03 / 2013

Transaction ID : C2439875

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Andrew H Weary MD

Mailing Address 7000 Woodhue
Bldg C

City State Zip Code
Austin TX 78745-1470

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2013

Transaction ID : C2457412

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

780.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 50 OF 59

| | | | |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | | | |

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas J Weida MD

Mailing Address 845 Fishburn Rd

City

Hershey

State

PA

Zip Code

17033-2015

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 02 | | 2013 |

Transaction ID : C2439367

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Richard Andre Wherry MD

Mailing Address 59 Tipton Dr

City

Dahlonega

State

GA

Zip Code

30533-1603

FEC ID number of contributing
federal political committee.

C

Name of Employer

Chestatee Regional Hospital

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 05 | | 2013 |

Transaction ID : C2440980

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Patricia Mary Williams MD

Mailing Address 110 S 9th St

City

Mayfield

State

KY

Zip Code

42066-2208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 03 | | 2013 |

Transaction ID : C2439885

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1115.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 51 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Andy F Williamson MD

Mailing Address 214 Ridge Cir

City

Dublin

State

GA

Zip Code

31021-3715

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 31 / 2013

Transaction ID : C2456022

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dennis Buford Yelvington MD

Mailing Address 1609 North Medical Drive

City

Stuttgart

State

AR

Zip Code

72160-1901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stuttgart Medical Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 03 / 2013

Transaction ID : C2439870

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

40066.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 52 OF 59

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

City

Leawood

State

KS

Zip Code

66211-2672

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3600.86

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2013

Transaction ID : C2499980

Amount of Each Receipt this Period

802.71

Full Name (Last, First, Middle Initial)

B. American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

City

Leawood

State

KS

Zip Code

66211-2672

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3600.86

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2013

Transaction ID : C2499982

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

877.71

877.71

| | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 21b | <input type="checkbox"/> | 22 | <input type="checkbox"/> | 23 | <input type="checkbox"/> | 24 | <input type="checkbox"/> | 25 | <input type="checkbox"/> | 26 |
| <input type="checkbox"/> | 27 | <input type="checkbox"/> | 28a | <input type="checkbox"/> | 28b | <input type="checkbox"/> | 28c | <input type="checkbox"/> | 29 | <input type="checkbox"/> | 30b |

American Academy of Family Physicians Political Action Committee

Three 7-segment displays are shown, each with a different number of segments lit. The first display shows '10' with 4 segments lit. The second display shows '15' with 5 segments lit. The third display shows '2013' with 10 segments lit. The displays are arranged horizontally and separated by slashes.

7.31

11.12

| Age Group | Percentage |
|-----------|------------|
| 18-24 | 21.40 |
| 25-34 | 18.18 |
| 35-44 | 16.36 |
| 45-54 | 14.55 |
| 55-64 | 12.73 |
| 65-74 | 10.91 |
| 75-84 | 9.09 |
| 85+ | 7.27 |

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 55 OF 59

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 29 / 2013

Transaction ID : D150520

Amount of Each Disbursement this Period

16.79

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 29 / 2013

Transaction ID : D150521

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2013

Transaction ID : D150522

Amount of Each Disbursement this Period

16.25

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

40.99

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 56 OF 59

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bank Of America Merchant Services

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 02 | | 2013 |

Mailing Address WA2-505-01-40
PO Box 2485

City Spokane State WA Zip Code 99210-2485

Purpose of Disbursement
Bank card processing fee

Candidate Name

Category/
Type

Transaction ID : D148669

Amount of Each Disbursement this Period

312.63

| | | | | |
|----------------|------------------------------------|-------------------|--|----------------------------------|
| Office Sought: | <input type="checkbox"/> House | Disbursement For: | <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| | <input type="checkbox"/> Senate | | <input type="checkbox"/> | |
| | <input type="checkbox"/> President | | <input type="checkbox"/> Other (specify) ▼ | |
| State: | District: | | | |

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| | | | | |

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

| | | | | |
|----------------|------------------------------------|-------------------|--|----------------------------------|
| Office Sought: | <input type="checkbox"/> House | Disbursement For: | <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| | <input type="checkbox"/> Senate | | <input type="checkbox"/> | |
| | <input type="checkbox"/> President | | <input type="checkbox"/> Other (specify) ▼ | |
| State: | District: | | | |

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| | | | | |

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

| | | | | |
|----------------|------------------------------------|-------------------|--|----------------------------------|
| Office Sought: | <input type="checkbox"/> House | Disbursement For: | <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| | <input type="checkbox"/> Senate | | <input type="checkbox"/> | |
| | <input type="checkbox"/> President | | <input type="checkbox"/> Other (specify) ▼ | |
| State: | District: | | | |

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

312.63

736.97

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 57 OF 59

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. ALAN LOWENTHAL FOR CONGRESS

Mailing Address 6380 WILSHIRE BLVD., #1612

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| LOS ANGELES | CA | 90048 |

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Alan LowenthalOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 47

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 31 | | 2013 |

Transaction ID : D148964

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. DIANE BLACK FOR CONGRESS

Mailing Address PO Box 1437

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| Gallatin | TN | 37066 |

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Diane BlackOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 06

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 31 | | 2013 |

Transaction ID : D148966

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. ROBIN KELLY FOR CONGRESS

Mailing Address PO BOX 6953

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| CHICAGO | IL | 60680 |

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Robin KellyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 02

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 31 | | 2013 |

Transaction ID : D148965

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

| |
|---------|
| 4500.00 |
|---------|

| |
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|--|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 58 OF 59

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. GRASSLEY COMMITTEE INC

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 31 | | 2013 |

Mailing Address PO BOX 1000

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| DES MOINES | IA | 50304 |

Transaction ID : D149065Purpose of Disbursement
Campaign contribution

Amount of Each Disbursement this Period

Candidate Name

Sen. Charles E. GrassleyCategory/
Type

| |
|---------|
| 2000.00 |
|---------|

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: IA District: 00

Full Name (Last, First, Middle Initial)

B. WYDEN FOR SENATE

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 31 | | 2013 |

Mailing Address 232 NE 9TH AVENUE

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| PORTLAND | OR | 97232 |

Transaction ID : D148963Purpose of Disbursement
Campaign contribution

Amount of Each Disbursement this Period

Candidate Name

Sen. Ron WydenCategory/
Type

| |
|---------|
| 2500.00 |
|---------|

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 00

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

| |
|---------|
| 4500.00 |
|---------|

| |
|---------|
| 9000.00 |
|---------|

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 59 OF 59

| | | | | | |
|------------------------------|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input checked="" type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. John W Aldis MD

Mailing Address 4911 River Rd

| | | |
|---------------|-------|------------|
| City | State | Zip Code |
| Shepherdstown | WV | 25443-5066 |

Purpose of Disbursement
Refund of PAC donation made on 9-19-13

Candidate Name

| | |
|----------------|---|
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |
| State: | District: |

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 02 | | 2013 |

Transaction ID : D148552

Amount of Each Disbursement this Period

| |
|--------|
| 250.00 |
|--------|

Full Name (Last, First, Middle Initial)

B. Dr. John W Aldis MD

Mailing Address 4911 River Rd

| | | |
|---------------|-------|------------|
| City | State | Zip Code |
| Shepherdstown | WV | 25443-5066 |

Purpose of Disbursement
Refund of PAC donation made on 7-31-13

Candidate Name

| | |
|----------------|---|
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |
| State: | District: |

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 02 | | 2013 |

Transaction ID : D148553

Amount of Each Disbursement this Period

| |
|--------|
| 250.00 |
|--------|

Full Name (Last, First, Middle Initial)

C.

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Purpose of Disbursement

Candidate Name

| | |
|----------------|---|
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |
| State: | District: |

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

SUBTOTAL of Disbursements This Page (optional).....▶

| |
|--------|
| 500.00 |
|--------|

TOTAL This Period (last page this line number only).....▶

| |
|--------|
| 500.00 |
|--------|